

PART B - FEE(S) TRANSMITTAL

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7590

09/12/2007

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 Suite 2500
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 Chicago, IL 60606

11/30/2007 FMETEKI2 00000017 10749068

01 FC:1501	1440.00 CP	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
(2) APPLICATION NO.	FILING DA TE 000 OP			

10/749,068

12/29/2003

Akira Minami

3408.68821

7937

TITLE OF INVENTION: COMPOSITE STORAGE APPARATUS AND A CARD BOARD THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/12/2007
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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NGO, HUNG V	2831	361-685000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 GREER, BURNS & 2 CRAIN, LTD 3 _____
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

FUJITSU LIMITED

Kawasaki, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Joseph P. Fox

Date 11/27/07

Typed or printed name Joseph P. Fox

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